

Iowa School Absenteeism Report

Iowa Department of Public Health

Report 10% or more of total enrollment absent on any given day

Please submit one report for each building affected.

School name:		Grades affected (circle or choose from drop-down menu): <table><tr><td><input type="checkbox"/> Pre-K</td><td><input type="checkbox"/> 3</td><td><input type="checkbox"/> 7</td><td><input type="checkbox"/> 11</td></tr><tr><td><input type="checkbox"/> K</td><td><input type="checkbox"/> 4</td><td><input type="checkbox"/> 8</td><td><input type="checkbox"/> 12</td></tr><tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 5</td><td><input type="checkbox"/> 9</td><td><input type="checkbox"/> All grades affected</td></tr><tr><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 6</td><td><input type="checkbox"/> 10</td><td></td></tr></table>		<input type="checkbox"/> Pre-K	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 11	<input type="checkbox"/> K	<input type="checkbox"/> 4	<input type="checkbox"/> 8	<input type="checkbox"/> 12	<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> All grades affected	<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 10	
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City:		County:																	
Phone:		Fax:																	
Name of Reporter:		Email address:																	
Total School Enrollment:	No. Absent:	Date:																	

Choosing from the symptoms listed below please indicate the five most common that are associated with absences at your school, if known:

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Cough | <input type="checkbox"/> Earache | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Runny Nose | <input type="checkbox"/> Body Aches | <input type="checkbox"/> Nausea |
| <input type="checkbox"/> Stomach Ache | <input type="checkbox"/> Fever | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Itchy, Irritated Eyes | <input type="checkbox"/> Chills | <input type="checkbox"/> Other (List if known) |
| <input type="checkbox"/> Sore Throat | <input type="checkbox"/> Headache | _____ |

Approximate number of your absent and ill students with common symptoms:

GI Symptoms (Vomiting, Nausea, Diarrhea) _____

Respiratory/Influenza Symptoms (Cough, Runny Nose, Fever, Body Aches, Sore Throat) _____

Other Symptoms (List common symptoms, if known) _____

Please fax completed form to the IDPH Center for Acute Disease Epidemiology at (515) 281-5698 or through the Disease Reporting Hotline (800) 362-2736.